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PROVISIONAL APPLICATION COVER SHEET

This is a request for filing a PROVISIONAL APPLICATION under 37 CFR 1.53 (b)(2).

Docket Number

D-12104

Type a plus sign (+) inside this box →

+

INVENTOR(s)/APPLICANT(s)

LAST NAME	FIRST NAME	MIDDLE INITIAL	RESIDENCE (CITY AND EITHER STATE OR FOREIGN COUNTRY)
LEVINE	ALFRED	B	BETHESDA, MARYLAND

TITLE OF THE INVENTION (250 characters max)

DUAL MODE NAVIGATION SYSTEM

CORRESPONDENCE ADDRESS

P.O. Box 34-1738, BETHESDA

STATE

MD.

ZIP CODE

20827

COUNTRY

USA

ENCLOSED APPLICATION PARTS (check all that apply)



Specification

Number of Pages

6



Small Entity Statement

SMALL ENTITY



Drawing(s)

Number of Sheets

1



Other (specify)

METHOD OF PAYMENT (check one)



A check or money order is enclosed to cover the Provisional filing fee



The Commissioner is hereby authorized to charge filing fees and credit Deposit Account Number:

PROVISIONAL
FILING FEE
AMOUNT (\$)

The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government.



No.



Yes, the name of the U.S. Government agency and the Government contract number are:

Respectfully submitted,

SIGNATURE

Alfred B. Levine

Date

12/4/04

TYPED or PRINTED NAME

ALFRED B. LEVINE

REGISTRATION NO.

(if appropriate)



Additional inventors are being named on separately numbered sheets attached hereto

PROVISIONAL APPLICATION FILING ONLY

Duration: This form is designed to take 2 hours to complete. It is not intended to be used for the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Office of Assistance, Quality and Enhancement Division, Patent and Trademark Office, Washington, DC 20531, and to the Office of Information and Regulatory Affairs, Office of Management and Budget (PMR) (0037), Washington, DC 20501. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Filing, Washington, DC 20531.